SUPPLEMENT
TO THE
BRITISH MEDICAL JOURNAL.

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THE EDUCATION BILL.

THE following is an abstract of the agreed report of a deputation from the British Medical Association which waited upon the Right Hon. H. A. L. Fisher, M.P., President of the Board of Education, on December 14th, 1917.

The deputation consisted of Drs. H. B. Brackenbury, T. Ridley Bailey, John Clarke, C. E. S. Flemming, T. W. H. Garstang, and H. C. Mactier, Mr. N. Bishop Harman, Dr. Alfred Cox (Medical Secretary), and Dr. J. Neal (Deputy Medical Secretary). Sir Amherst Selby-Bigge, K.C.B., Sir George Newman, M.D., and Mr. Bosworth-Smith were present in support of the President.

In a brief speech Dr. GARSTANG introduced the chief spokesman of the deputation, Dr. BRACKENBURY, who said that the British Medical Association objected to the provisions of Clauses 18 and 19 of the Education Bill in their present form, and stated that their proposal was that "extension of the powers of medical treatment should be for the time being excluded from these clauses." He gave the following reasons for their objection:

(*a*) If the clauses go as they at present are, they will add immediately and seriously to the difficulties of an already chaotic muddle.

(*b*) They will prejudice by considerable confusion any steps which the Government might take in another direction to simplify the existing state of things.

(*c*) They will act prejudicially to the position of the general medical practitioner and through him to the detriment of the public.

Dr. Brackenbury then went on to particularize the objections of the Association which he had already stated in general terms.

The PRESIDENT replied to the deputation as follows:

Gentlemen,—I thank you for the clear way in which you have stated your case, and I will give careful consideration to the weighty opinions which you have offered me. I am fully sensible of the difficulties involved in this question. I take it I may assume that your Association is in favour of the inspection of school children by the school medical service, and that you are in favour of the extension of this service with the extension of the education system, and that you feel that if the age of attendance is to be raised it is desirable that the local education authority should be the agency for medical inspection, and that that agency should be in the hands of the school medical service. Why you have joined issue with the bill is that you would have preferred treatment to have been left out. In any event, you consider it important that treatment of children of all ages should be left to the private practitioner, or at any rate that the position should not be compromised until a Ministry of Health has been set up, or until the Public Health Services have been reorganized and co-ordinated.

After an expression of thanks to the President, the deputation withdrew.

THE ORGANIZATION OF THE PROFESSION AND RURAL PANEL PRACTITIONERS.

SIR,—I should like to be permitted to welcome the forceful letter of Dr. Baigent as an admirable statement of the case for differential treatment of the rural insurance practitioner. I am entirely without personal experience of any but urban practice, but I am now in my second year of chairmanship of the Rural Practitioners Subcommittee, which was appointed in consequence of a suggestion made by me at the Conference of 1916. The work of this subcommittee has enabled me to realize in a way that would otherwise have been impossible the position of rural practitioners and their claims to preferential remuneration under the Insurance Acts.

The tone of impatience which is evident in Dr. Baigent's letter is natural enough. His experience from day to day gives him a vivid consciousness of the disadvantages and inequity of the present state of things. But these things, in my opinion, have never adequately been brought before the profession or before the Insurance Acts Committee or the Association. Recent reforms which have resulted in an enlarged and reinforced Rural Subcommittee and a much increased representation of rural practitioners on the Insurance Acts Committee itself, are now beginning to produce their effect. That action is overdue I know, but these changes cannot be accomplished by one *coup*, and all effective reforms are painfully slow in maturing. This characteristic is not confined to those desired by insurance practitioners and by the Insurance Acts Committee.

The position is now this. Strong representations have been made to the Government that, owing to conditions produced by the war, there is need for an increase both of the ordinary capitation fee and of the amounts allowed for mileage (both ordinary and that for temporary residents and for invalided soldiers). The mileage claim has been allowed, and the increased capitation claim is being considered, we hope favourably. This is not a bad beginning. But the reconsideration of remuneration on a more permanent basis remains, and may have to be insisted upon almost at once if the results of our present negotiations should be regarded as unsatisfactory. In this connexion, whether sooner or later, the preferential treatment of rural practitioners must be fully considered. Whether an equitable result can be secured by a reformed mileage scheme or in some other way, or whether there should be a larger capitation fee for rural than for urban practitioners, is one of the important matters. In case the latter is asked for, there are several requirements that must be fulfilled: (1) The rural practitioners must convince their fellows in the towns that such an arrangement is just; (2) the profession must convince the Government that this is right in principle; (3) it must be shown that the arrangement is administratively possible. This last point is not by any means so simple as it seems to some, for there are all sorts of practices intermediate between the truly rural and the purely urban. But even the first of the three requirements has not yet been met; and, convinced as I am that the rural

practitioner's case is a just one, I hope that such presentations of that case as that contained in Dr. Baigent's letter will continue to be put before the profession in the JOURNAL, in Panel Committees, and elsewhere, so that urban practitioners may be shown what equity demands, and so that when a considered request is put forward it may be at the instance not of rural practitioners only, but of the whole of those who are doing work under the Insurance Acts.—I am, etc.,

London, N., Jan. 14th. H. B. BRACKENBURY.

SIR,—Dr. Baigent's letter in the SUPPLEMENT of January 12th is very much to the point. At the Conference of Representatives held on October 18th, 1917, Dr. Brackenbury stated that the Rural Subcommittee was not specially consulted on the matter of discharged disabled soldiers. He also stated that the Rural Subcommittee was working very well. To those of us concerned by their work it would be interesting to learn something of the nature of the operations of this subcommittee. The following examples show that the present rates of payment for either temporary residents, disabled soldiers, or insured persons are inadequate:

Example 1: Temporary resident 4½ miles; serious accident; 21 visits morning and evening.

	£	s.	d.
Fees earned	2	19	6
Mileage allowed. 1s. per mile over 3 miles one way	1	1	0
	4	0	6
Total distance 178 miles at 6d. per mile ...	4	9	0
Loss on case	0	8	6

Example 2: Temporary resident 8¼ miles away; 4 visits.

	£	s.	d.
Fees earned	0	10	0
Mileage allowed	1	0	0
	1	10	0
Total distance 66 miles; hire of car at 10d. per mile both ways	2	15	0
Loss on case	1	5	0

If own car had been available at 6d. per mile, loss on case would only have been 3s.

Example 3: Insured person 9¼ miles away; 33 visits morning and night within 2 months.

	£	s.	d.
Capitation fee per annum		9	0
Mileage allowance per annum		15	2
	1	4	2
Total distance 600 miles, cost at 6d. per mile...	15	0	0
Loss on case	13	15	10

There are twelve other insured persons in this locality at a distance of eight to ten miles, the value of their capitation fees and mileage allowance was £14 10s. per annum; if we deduct the loss on above case 14s. 2d. remains to cover the risk of attending these twelve persons for the remaining ten months of the year.

These cases are not exceptional; something of the same kind happens every year. The motor car is, without doubt, a boon to the country practitioner; whether it is an unmixed blessing must depend on our capacity to be reimbursed for the cost of using it. It is not easy to make exact calculation of the cost as compared with the horse, but, as regards the latter, it may be said that the more work the noble animal did the less the cost, with the car the more work the greater the cost. Which of us who are getting on in years cannot recall the doctor's mare costing £40 as a four-year-old and retiring to the stud after ten years' work to produce a useful foal or two; or the cob which was bought for £30 as a three-year-old and sold for £30 at six or eight years, to say nothing of the nearly extinct dogcart, good for fifteen years, and the almost everlasting saddle and bridle, and the sometimes faithful groom at 18s. a week; as also the good old days when we hired horse and trap from the local hotel at a charge of 1s. a mile on the outward journey and drove home for nothing? It is difficult nowadays to realize that we ever got over the ground in the day, but we did. To-day we get the amenities of the car to the advantage of ourselves and the public, but it has to be paid for. The groom at 18s. a week is replaced by the chauffeur at 30s.; the £300 car has to be sold for £50 at the end of five or six years, and may have had £50 spent on it during the time, and the new car costs as much as one can afford and sometimes more; petrol, tyres, and oil are probably more expensive commodities to-day than hay, corn, and horseshoes in the past, and the local hotel charges 10d. a mile (1s. to-day) all the way. No self-respecting taxi-driver would take on a contract to drive his car six miles for nothing, or even twenty miles for 7s., an indefinite number of times, yet this is what we have to do under the mileage allowance for temporary residents.

The army allowance is a fairer one, and having been conceived by a Government department is not likely to err on the side of extravagance. The Medico-Political Committee is reported to have stated that our proper remedy to cope with our increased travelling expenses is to put up our fees. This is a counsel of perfection; unfortunately a proportion of our most distant patients are also the poorest; the profession has always tempered the wind to these shorn lambs, and must always do so, for obvious reasons; but that is no reason, when dealing with a State department, why we should acquiesce in playing the part of the shorn lamb, or sell our wool at less than cost price. As Dr. Baigent says, the large amount of time occupied in paying visits at a distance of many miles is a serious matter for some rural practitioners.

The situation as regards the allowance for drugs is almost Gilbertian. In spite of a rise in price of drugs and appliances from 20 to 200 per cent. we are docked 20 per cent. on the amount due on the plea of "inflation of lis," but only 15 per cent. of capitation fees on the same plea; in this rural district the "inflation" is probably not more than 5 per cent., if as much. If the drug allowance was not too much in 1913 it is certainly too little for the following years. This is a subject which it is to be hoped the Rural Subcommittee will bear in mind and will be consulted upon by the Advisory Committee.—I am, etc.,

January 13th. "ONLY" A COUNTRY DOCTOR.

SIR,—I have read with much interest Dr. Baigent's letter on rural practitioners, in the SUPPLEMENT of January 12th.

I can fully endorse all that he says concerning the additional trouble and expense entailed in attending insured persons in rural districts, for though residing in the borough of Oldham, a large proportion of my work lies in part of the West Riding of Yorkshire. It is particularly gratifying to learn that the Commissioners have promised an increased grant for mileage in rural areas, but it would be more gratifying to learn that this grant would be paid at the end of each year.

On looking through the balance sheets from the West Riding Committee, I find that the last mileage grant I received was in November, 1916, that being for the year 1915, and even that grant was only 90.3 per cent. of the amount standing to my credit. Apparently equivalent amounts for the years 1916 and 1917 are still standing to my credit with the Commissioners, whereas they might well be gaining interest for me if invested in National War Bonds, which by every post I am requested to "buy now."

This extra grant for long distance work barely covers the increased cost of the petrol consumed in doing the work, yet before the petrol can be even ordered from the dealer, the tax must be paid on it, and the licences for car and chauffeur must be paid, also in advance.

The Prime Minister, in one of his memorable speeches on the Insurance Act, said "there will be no bad debts for the doctors," but what are these delayed and reduced payments? Little better than bad debts! Is the delay in paying the mileage grant another war-time economy, like the reduction of the notification fee?

How many years will the profession tolerate treatment from Government departments such as no right-minded body of working men would stand for months—nay, for weeks? By all means organize the profession and let us demand, not only reasonable fees, but fees paid within seven days of the termination of each quarter.

If the Insurance Acts Committee really means business, let it move now for 1919, not by asking the Commissioners for an agreement, but by laying before them a contract—legally binding to both parties—acceptable to the whole profession.—I am, etc.,

Oldham, Jan. 13th. ERNEST MARTIN.

SIR,—Dr. Baigent's valuable letter has come at a most opportune time, and will help to focus attention on the claims of rural practitioners. The Commissioners are now considering the request of panel practitioners for an increased capitation fee, and it is incumbent on rural practitioners to press their just claims for favourable discrimination. All Panel Committees should be asked to pass resolutions in this sense, and the resolutions should be sent to the Insurance Acts Committee and the Commissioners; or, better still, the Insurance Acts Committee should consider the advisability of directly inviting an expression of opinion from all Panel Committees on the question of a discriminating capitation fee.

It has been suggested that considerable opposition would come from the large urban centres. But the absurdity of applying the same regulations to such varying conditions as those of urban and rural practice must be patent to every one, and I have every confidence that, provided the matter is properly explained, urban practitioners will give their rural brethren every assistance in evolving an equitable scheme of apportionment of the capitation grant. The Rural Practitioners Subcommittee has not yet had an opportunity of specially considering this question but will no doubt do so at the proper time. The hands of the subcommittee would be greatly strengthened by expressions of opinion such as I have suggested.—I am, etc.,

Towcester, Jan. 14th. ALFRED LINNELL.

We have received other letters on this subject—for instance, Dr. W. W. Nock (Penkridge), in the course of a letter, writes: Though a rural practitioner, I have never received one penny for mileage. A fortnight ago I wrote to the secretary of my Insurance Committee calling his attention to the increased mileage grant to rural practitioners and asking him to put my letter before his committee. So far I have not had an acknowledgement. If only we rural practitioners would combine, we could certainly enforce fair treatment, which we have never had owing to lack of combination amongst ourselves, and equally to want of support from our urban brethren. Though the present is certainly the psychological moment for a "strike," most of us would not wish to embarrass the Government until the war is over.

Association Notices.

MEETING OF COUNCIL.

THE next Meeting of Council will be held on Wednesday, January 23rd, in the Council Room, 429, Strand London, W.C.2, at 11 a.m.—By order,

GUY ELLISTON,
Financial Secretary and Business Manager.

January 17th, 1918.

INSURANCE.

LOCAL MEDICAL AND PANEL COMMITTEES.

Berkshire.—At a meeting of the practitioners on the Berkshire panel on November 29th, 1917, the report of the Committee for 1916–17 was adopted. It was decided to continue the voluntary contribution of 1d. per insured person per year. It was resolved that mileage should be paid to all rural practitioners for distances exceeding two miles. It was resolved to ask the local food control committees to exercise the powers delegated to them by the Food Controller to conserve a sufficient supply of milk for the use of infants and sick persons.

West Riding of Yorkshire.—At a meeting of the Local Medical and Panel Committee on November 16th, 1917, Dr. FRY gave a report of the proceedings of the October conference, referring particularly to the decisions with regard to the regulations for invalided seamen, marines, and soldiers, and the proposed investigation of the process of calculation of the central pool. It was resolved to pay the expenses of the members attending the conference. It was decided to ask the Insurance Committee to increase the flat rate for surgical dressings from 3d. to 6d. per dressing as from October 1st last.

Naval and Military Appointments.

ROYAL NAVAL MEDICAL SERVICE.

THE following announcements are notified by the Admiralty:—Fleet Surgeon E. H. Meaden, C.M.G., is placed on the retired list with the rank of Deputy Surgeon-General. Fleet Surgeons J. A. Keogh, M.B., and F. F. Mahon, to Chatham Hospital, temporarily. Staff Surgeon A. T. Rivers to Chatham Hospital, January 10th, and to Chatham Hospital as Radiographer, February 10th. Surgeons: F. E. Fitzmaurice to the *Victorious*; W. G. Thwaytes, M.B., to the *Alecto*. Temporary Surgeons: A. L P. Gould, M.B., H. C. Broadhurst, M.B., and R. K. Shaw, M.B., to the *Victory*, for R.N. Division; R. Pollock to the *Dublin*; J. D. Clarke to the *Pembroke*, for Sailors' Home Auxiliary Hospital, Chatham; D. R. Curnock and J. A. Hamilton to Plymouth Hospital; A. O. Ross to the *Roxburgh*; A. C. C. Craig, M.B., and R. N. Gibson, M.B., to Chatham Hospital; J H. Kerr, M.B., to Haslar Hospital. To be Temporary Surgeon: R. L. Stewart, M.B.

ARMY MEDICAL SERVICE.

Lieut.-Colonel J. H. Campbell, D.S.O., to be temporary Colonel whilst employed as Assistant Director of Medical Services of a Division, November 6th, 1917 (substituted for notification in the *London Gazette* of December 14th, 1917)

Lieut.-Colonel J. H. R. Bond, D.S.O., to be temporary Colonel whilst employed as Assistant Director of Medical Services of a Division.

ROYAL ARMY MEDICAL CORPS.

Major G. W. Fitzgerald, M.D., R A.M.C.(T.F.), to be temporary Lieut.-Colonel whilst in charge of Fusehill War Hospital.

Majors relinquish the acting rank of Lieut.-Colonel on reposting: A. E. Smithson, M.B. (March 21st, 1915), W. M. B. Sparkes, D.S.O. (November 6th, 1917).

To be acting Lieut.-Colonels whilst in command of a medical unit: Majors A. W. Sampey, A. D. Waring, M.B., W. Davis, Captain R. G. S. Gregg, M.B.

H. B. G. Newham, M.D., to be temporary Lieut.-Colonel.

Temporary Major F. G. W. Deane, F.R.C.S.E., from Springburn and Woodside Central Red Cross Dépôt, to be temporary Major whilst in charge of Leith War Hospital, Seafield.

Temporary Major C H. G. Ramsbottom relinquishes his commission on ceasing to be employed with the Welsh Metropolitan War Hospital.

Temporary honorary Major Sir R. Armstrong-Jones to be temporary Major.

Temporary honorary Major T. M. Burn-Murdoch, M.B., F.R.C.P.E., is transferred from Smithston War Hospital to Springburn and Woodside Central Red Cross Hospital.

Temporary Captain J. M. Macmillan to be temporary Major (without increased emoluments) whilst specially employed December 21st, 1917 (substituted for notification in the *London Gazette* of December 20th, 1917).

Temporary Captains to be temporary Majors (without increased emoluments) A. Stodart-Walker, C. B. Heald, M.D.

Temporary honorary Captain A. M. Westwater to be temporary honorary Major while serving with Red Cross Hospital, Bellahouston, December 11th, 1917 (substituted for notication in the *London Gazette* of December 11th, 1917).

Temporary Captain W. T. Finlayson to be temporary Major while specially employed.

Temporary Captain F. W. Broderick to be temporary Major (without increased emoluments) whilst specially employed.

Temporary Captain Trevor Owen Williams, M.B., is dismissed the service by sentence of a general court-martial October 27th, 1917.

Temporary Captain A. E. Seller relinquishes his acting rank of Major on reposting, October 7th, 1917

The name of temporary Captain James J. Robb, M.D., is as now described and not as in the *London Gazette* of December 5th, 1917.

Temporary honorary Captain B. H. Alton to be temporary honorary Major whilst serving with No. 22 General Hospital

Temporary Captains relinquish their commissions: D. A. Warren, M.C., J. C. Matthews, D. M. Moffatt, M.C., M.D., R Paul, A. F. Laird, M.C., M.D., N. Briggs (on transfer to I.M.S.), J. R. Christian, H. B. Moyle, W. H. Godby, W. H. Rivers, M.D., F.R.S. (on ceasing to be employed at Craiglockhart War Hospital), E. H. Sheehan, M.B., (on account of ill health contracted on active service), C. C. Beatty (on account of ill health contracted on active service, and is granted the honorary rank of Captain), J. L. O. Tilley, W. H. Neil (and is granted the honorary rank of Captain), J. B. Dunning, M.C., M.B. (on account of ill health caused by wounds, and is granted the honorary rank of Captain). J. J. O'Kelly, L. T. Burra, M.D., C. H. Lloyd, M.B.

Temporary Captains H. Case, J. R Currie, M.D., and R. McL. Veitch, M.D., relinquish their commissions on appointment under the Ministry of National Service.

Late temporary Captains granted the honorary rank of Captain: R. B. Hennessy, M.B., E. T. Jones, J. H. N. F. Savy, M.B., S. Pinion, M.B., R. P. N. B. Bluett, M.C., C. A. Dupont, M.D.

Temporary Lieutenants to be temporary Captains: T. Barbour, J. M Inverarity, J. Langwill, M.D., T. E. Flitcroft, H. W. B. Ruxton, G. R. Phillips, J. S. Leslie, G. H. H. Almond, W. A Wilson-Smith, M.D., W. O'Donnell, G. S. Gordon, M.B., W. J. Ashby, M.D., C. A. H. Gee, M B., W. A. L. Marriott, M.B., J. McGarrity, M.B., B. Haigh, R. N. Phease, M.B., A. B. Lindsay, M.D., A. J. McNair, M.B., L. F. Lovell-Keys, A. F. Horn, J. F. MacLeod, A. G. J. Thompson, D. A. Chamberlain, G. E. Beaumont, S. D. Bridge, W. S. Sheppard, M.B.

To be temporary Captains: K. J. Aveling, M.B., G. W Stone, Lieutenant (acting Captain) R. Thorp, M.C., M.B., from R.F.A.(S.R.).

Temporary Lieutenant T. J. McDonald relinquishes his commission on account of ill health, and is granted the honorary rank of Captain.

W. T. Dobson, late temporary Lieutenant, is granted the honorary rank of Lieutenant.

Temporary Lieutenants relinquish their commissions: T. J. Lennan, W. Laird, W. J. Weaver, M.D.

L. O. Weinman to be temporary Lieutenant.

To be temporary honorary Lieutenants: L. M. Earle, M.D. (whilst serving with the British Red Cross Hospital, Netley), H. Halstead, R. M. Dodson (whilst serving with No. 22 General Hospital).

To be temporary Lieutenants: E. A. B Poole, M.D., G. R. Jeffrey, M.D., F.R.C.P. and S. Edin., W. B. Vaile, E. Gandy, M B., E. O. Hughes, A. P. Hall, M.B., O. Le F. Milburn, J F. O'Mahony, G. B. Proctor, J. Matthewson, M.D., W. J. B. Lavery, M.B., C. E. Elliston, M.D., J. C. Duncanson, M.B., A. J. Ferguson, M.B.

SPECIAL RESERVE OF OFFICERS.

ROYAL ARMY MEDICAL CORPS.

Captains relinquish their commissions: D. H. Paterson, M.B. (on joining the C.A.M.C.), C. Weir (on account of ill health).

Lieutenants to be Captains: J. W. Hyatt, A. B. Dunmere, J. A. Hill, R. G. Simpson, William Burridge, M.B., T. Stanton, M.B., G. G. Jack, D. Mitchell, M.B., H. C. Roberts, M.B., C. Tighe, M.B., J. A. Charles, M.B., W. B. Lawson, W. Garde-Brown, M.B.

TERRITORIAL FORCE.

ARMY MEDICAL SERVICE.

The announcement regarding Colonel S. S. Hoyland in the *London Gazette* of December 25th 1917, is cancelled.

ROYAL ARMY MEDICAL CORPS.

Major (acting Lieut.-Colonel) P. R. Ash relinquishes his acting rank on alteration in posting.

Surgeon-Major R. B. Purves, M.B., F.R.C.S., from the Yeomanry, to be Major, with precedence from August 28th, 1915, January 13th, 1916 (substituted for notification in the *London Gazette* of January 12th, 1916).

Captains (temporary Majors) relinquish their temporary rank on alteration in posting: G. L. L. Lawson, O. K. Wright, M.B.

Captain A. B. Whitton to be Major, but without pay and allowances.

Captain (acting Major) E. G. Annis relinquishes the acting rank on alteration in posting.

Major G. W. Fitzgerald and Captain C. C. Cuthbert, M.D., are seconded.

Major (Brevet Lieut.-Colonel) J. Wilson, M.B., to be acting Lieut.-Colonel whilst commanding a general hospital.

Captain C. R. Handfield-Jones, M.B., resigns his commission on account of ill health, and is granted the honorary rank of Captain, December 7th, 1917 (substituted for announcement in the *London Gazette* of December 6th, 1917).

Captains J. Kearney and J. Farquhar, M.B., resign their commissions on account of ill health and are granted the honorary rank of Captain.

G. G. Lyttle, late temporary Captain R.A.M.C., to be Captain for service with the Senior Division O.T.C., December 25th, 1917 (substituted for announcement in the *London Gazette* of December 24th, 1917).

Captain A. W. Harrington is restored to the establishment.

Captain C. P. Lapage, M.D., is temporarily placed on the permanent personnel.

Captains E. F. Skinner, N. McCall Smith, M.D., and R. B. Berry, M.B., resign their commissions on account of ill health contracted on active service, and are granted the honorary rank of Captain.

Captain F. G. Armstrong, M.B., is seconded for duty with a general hospital.

VOLUNTEER FORCE.

Kent Medical Volunteer Corps.—J. P. Henderson to be temporary Captain.

City of Dundee Volunteer Regiment.—D. J. Forbes (late Surgeon R.N.V.R.) to be Medical Officer and temporary Captain.

Northumberland Medical Volunteer Corps.—To be temporary Major: H. L. Rutter, M.D. To be temporary Captains: A. H. Hobbs, W. S. Fraser.

Glasgow City Medical Volunteer Corps.—Medical Officer and temporary Lieutenant J. F. Gemmill, from 1st Battalion City of Glasgow Volunteer Regiment, to be temporary Major.

East Riding Medical Volunteer Corps.—H. D. Johns, M.D., to be temporary Captain.

Derbyshire Volunteer Regiment.—G. E. Sawdon to be Medical Officer and temporary Lieutenant.

VACANCIES.

NOTICES REGARDING APPOINTMENTS.—Attention is called to a Notice (see Index to Advertisements—Important Notice re Appointments) appearing in our advertisement columns, giving particulars of vacancies as to which inquiries should be made before application.

AUSTRALIAN COMMONWEALTH: SERUM LABORATORIES.—(1) Biochemist. (2) Two Senior Bacteriological Technical Assistants. (3) Three Bacteriological Technical Assistants. Salary for (1), £450, increasing to £500; (2) £336, increasing to £408; and (3) £216, increasing to £312.

BIRKENHEAD BOROUGH HOSPITAL.—Junior House-Surgeon. Salary, £170.

BIRMINGHAM MATERNITY HOSPITAL.—House-Surgeon. Salary, £100 per annum.

BRISTOL MEDICAL MISSION.—Superintendent. Salary, £300 per annum.

BRISTOL ROYAL INFIRMARY.—(1) House-Physician. (2) House-Surgeon. Salary, £120 per annum.

CARDIFF: GLAMORGAN COUNTY COUNCIL.—Medical Officer for inspection of children in public elementary schools. Salary, £350 per annum.

COSFORD RURAL DISTRICT COUNCIL.—Medical Officer of Health. Salary, £100 per annum.

COSFORD UNION.—Medical Officer and Public Vaccinator for the Boxford Relief District. Salary, £50 per annum.

HASTINGS: EAST SUSSEX HOSPITAL.—House-Surgeon. Salary, £150 per annum.

HUDDERSFIELD COUNTY BOROUGH.—Assistant Medical Officer of Health (woman). Salary, £350 per annum.

INVERANON PARISH, Banffshire.—Medical Officer. Salary, £75 per annum.

LEEDS CITY.—Woman Medical Assistant chiefly for Infant Welfare Work. Salary, £400 per annum.

LIVERPOOL: DAVID LEWIS NORTHERN HOSPITAL.—House-Surgeon (male). Salary, £150 per annum.

MAIDSTONE: KENT COUNTY OPHTHALMIC HOSPITAL.—Temporary Aural Surgeon. Honorarium, 50 guineas for six months.

METROPOLITAN ASYLUMS BOARD.—Assistant Medical Officer (female) at the Children's Infirmary, Cleveland Street, W. Salary, £250 per annum.

NEW HOSPITAL FOR WOMEN, Euston Road, N.W.—(1) Senior Clinical Assistant in Children's Out-patient Department (female); (2) Clinical Assistants for Out-patient Department.

OLDHAM COUNTY BOROUGH.—Assistant Schools Medical Officer. Salary, £325 per annum, rising to £400.

PUTNEY HOSPITAL, S.W.—Resident Medical Officer. Salary, £150 per annum.

QUEEN'S HOSPITAL FOR CHILDREN, Hackney Road, E.—(1) House-Surgeon. (2) Temporary Medical Officer to act as surgeon in charge of the Ear, Nose, and Throat Department. (3) Medical Officer in charge of Electrical Department. Salary for (1) and (3) £100 per annum; and for (2) £25 per annum.

READING: BERKSHIRE EDUCATION COMMITTEE.—Assistant School Medical Inspector. Salary, £400 per annum.

ROCHDALE INFIRMARY AND DISPENSARY.—Senior House-Surgeon. Salary, £400 per annum.

ROCHESTER: ST. BARTHOLOMEW'S HOSPITAL.—Resident Clinical Assistant. Salary, £110 per annum.

SALFORD ROYAL HOSPITAL.—Honorary Assistant Surgeon.

SHEFFIELD ROYAL INFIRMARY.—House-Physician. Salary, £120 per annum, rising to £150.

SUFFOLK HOSPITAL, Ampton Hall, near Bury St. Edmunds. Assistant Resident Medical Officer. Salary, £300 per annum.

SWANSEA EDUCATION COMMITTEE.—Assistant School Medical Officer. Salary, £350 per annum.

WILTS COUNTY COUNCIL.—Oculist and Assistant School Medical Officer. Salary, £400 per annum.

WIMBLEDON BOROUGH.—Lady Assistant Medical Officer of Health. Salary, £350 per annum, rising to £400.

CERTIFYING FACTORY SURGEON.—The Chief Inspector of Factories announces the following vacant appointment: Ramsgate (Kent).

To ensure notice in this column—which is compiled from our advertisement columns, where full particulars will be found—it is necessary that advertisements should be received not later than the first post on Wednesday morning. Persons interested should refer also to the Index to Advertisements which follows the Table of Contents in the JOURNAL.

APPOINTMENTS.

DIXON, Captain H. B. F., R.A.M.C., M.C., Resident Medical Officer, Leopardstown Park Home of Recovery for Discharged Neurasthenic Sailors and Soldiers.

GABRIEL, V., F.R.C.S.Eng., Assistant Medical Officer, Shoreditch Parish Infirmary.

NALLIAH, N. R., M.R.C.S., L.R.C.P., Assistant Medical Officer, Shoreditch Parish Infirmary.

BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcements of Births, Marriages, and Deaths is **6s.**, *which sum should be forwarded with the notice not later than the first post on Wednesday morning in order to ensure insertion in the current issue.*

BIRTH.

NOALL.—On January 15th, at Dulcote, Strensall, York, the wife of W. Paynter Noall, M.S., F.R.C.S., of a son.

MARRIAGE.

PENNY—CARTWRIGHT.—On 18th December, 1917, at Camberwell Green, Captain W. Maxwell Penny, R.A.M.C., of Tudor Lodge, Cator Road, Sydenham, son of Thomas S. Penny, J.P., of Taunton, to Mary, only daughter of Mr. and Mrs. Cartwright, of West Norwood.

DEATHS.

FENTEM.—On January 15th, at Catcliff, Bakewell, Philip Sheldon Fentem, M.D.Edin., M.R.C.S.Eng., aged 76. No flowers.

GIVEN.—On Sunday, January 6th, at his residence, 39, Muswell Rise, Muswell Hill, N.10, Dr. George Kilpatrick Given, J.P., aged 71.

HATTON.—On Tuesday, the 15th inst., at Glen Ashton, Wimborne, George Stokes Hatton, M.D., F.R.C.S., late of Newcastle-under-Lyme, in his 61st year.

DIARY FOR THE WEEK.

MONDAY.

TUBERCULOSIS SOCIETY, 1, Wimpole Street, W., 8 p.m.—Discussion: Farm Colonies in the Treatment of Tuberculosis, to be opened by Sir R. Philip, Dr. T. Dyke Acland, Dr. N. Bardswell, and Dr. A. H. Macpherson.

ROYAL COLLEGE OF SURGEONS OF ENGLAND, Lincoln's Inn Fields, W.C.—Lectures by Professor Arthur Keith, 5 p.m.:—Monday: Modern Practice of Bone Grafting. Wednesday: Wolff's Law of Bone Growth. Friday: Specimens exemplifying stages of ankylosis.

ROYAL SOCIETY OF MEDICINE.—*Section of Neurology:* Thursday, 8.30 p.m., Dr. Wilfred Harris: Functional Muscular Atony; Dr. Leonard Guthrie: Muscular Atony associated with Lesions of the Sensory Cortex; Captain G. Riddoch: Muscular Atony associated with Lesions of the Posterior Columns and Nerve Roots. *Section of Study of Disease in Children:* Friday, 4.30 p.m., Cases. Paper:—Dr. Carnegie Dickson: Congenital Obliteration of the Bile Ducts.

DIARY OF THE ASSOCIATION.

Date.		Meetings to be Held.
		JANUARY.
23	Wed.	London: **Council Meeting**, 11 a.m.
26	Sat.	Insurance Acts Subcommittee (Scotland), North British Station Hotel, Edinburgh, 11 a.m.
		Scottish Committee, North British Station Hotel, Edinburgh, 2.30 p.m.
		FEBRUARY.
5	Tues.	London: Non-Panel Committee.

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